DOCKET NO. MCP5018

DOCKET

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Oliver B. Anderson, et al.

Serial No.: 10/677,984

Filed : October 2, 2003 Examiner: Not yet assigned

: ZERO CYCLE MOLDING SYSTEMS, METHODS AND APPARATUSES FOR MANUFACTURING DOSAGE FORMS

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Art Unit:

3721

January 30, 2004

(Date of Deposit)

DAVID R. CRICHTON

(Name of applicant, assignee, or Registered Representative)

(Signature)

January 30, 2004

(Date of Signature)

Mail Stop Missing Parts Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## SUBMISSION OF COMBINED DECLARATION AND POWER OF ATTORNEY

Dear Sir:

For

Pursuant to Rule 53(f) and Rule 54, please find enclosed a Combined Declaration and Power of Attorney for the application of Oliver B. Anderson, et al., entitled ZERO CYCLE MOLDING SYSTEMS, METHODS AND APPARATUSES FOR MANUFACTURING DOSAGE FORMS, Attorney Docket No.MCP5018, to complete, pursuant to Rule 51, this application filed on October 2, 2003 by Express Mail pursuant to Rule 10. As required, a copy of the Notice to File Missing Parts of Application is also attached.

Please charge Johnson & Johnson Deposit Account No. 10-0750/MCP5018/DRC in the amounts of \$130.00 for submission of the Declaration pursuant to Section 1.16(e). The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 10-0750/MCP5018/DRC. This sheet is submitted in triplicate.

Respectfully submitted,

DAVID R. CRICHTON Reg. No. 37,300

Attorney for Applicant(s)

Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 (732) 524-6131 Date: January 30, 2004



Please type a plus sign (+) inside this box +

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLAR			Attorney Doc	ket Number	MCP 5018		
POWER OF	AND POWER OF ATTORNEY		First Named Inventor ANDERSON, OLIVER		ANDERSON, OLIVER B.		
FOR UTILITY OR DESIGN				COMPLET	TE IF KNOWN		
PATENT APPLICATION (37 CFR 1.63)		Application N	umber	10/677,984			
Declaration Submitted with Initial Filing OR		charge	Filing Date		October 2, 2003		
<u>-</u>			Group Art Un	nit	3721		
			Examiner Na	me	Not yet assigned		
As a below named inventor, I hereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
ZERO CYCLE MOLDING SYSTEMS, METHODS AND APPARATUSES FOR MANUFACTURING DOSAGE FORMS (Title of the Invention)							
the specification of which							
is attached hereto							
OR .							
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country		Filing Date DD/YYYY)	Priority Not Claim		)	

Additional foreign application numbers are listed on a supplemental priority		DTO/CD/00D attached boroto
 Additional familian continction numbers are listed on a cumplemental priorit	u data chaat	P I D/SB/OZB allactien nerein
 - Anniinnai inteinn anniicaiion numbers are iisteu on a subbiemeniai unum	v uala sheel	1 10/0D/02D allability floroid

.

•

•

PATENT & TRACE

DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s) Filing Date (MM/DD/YYYY)							
Application (Milliporto)		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the henefit under Title 35. Ur	nited States Code § 120 of any United States	s application(s) listed below and, insofar					
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
Application Serial No.	Filing Date	Status					
		Patented Patented Patented					
I hereby appoint:							
☑ Practitioners at Customer Number	Place Customer Number Bar Code Label Here						
AND							
Practitioner(s) named below: Name Registration Number  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
	e number (732) 524-						
Customer Number  Direct all correspondence to:							
Name:							
Address:							
Address:							
City:	State:	ZIP					
Country	Telephone:	Fax:					

. .

keep declare that all statements made herein of my own knowledge are true and that all statements made on mormation and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. ☐ A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: **Family Name** Given Name (first and middle [if arty]) OLIVER B. **ANDERSON** or Surname Inventor's Date Signature State PA **Country USA** CitizenshipUSA Residence: City WILLOW GROVE Mailing Address 3505 MORELAND ROAD **ZIP** 19090 Country USA State PA City WILLOW GROVE I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: **Family Name** Given Name STUHL (first and middle [if any]) WILLIAM J or Surname Inventor's Signature Residence: City BURLINGTON State NJ Country USA Citizenship USA Mailing Address 13 GREEN BRIAR COURT **ZIP** 08016 **Country USA BURLINGTON** State NJ I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF THIRD INVENTOR: **Family Name BUCKLEMAN** or Surname (first and middle [if any]) WILLIAM P Inventor's Date 27 JAN 04 Signature Residence: CityHORSHAM WARHINSTER State PA **Country USA** CitizenshipUSA (BAG) 108 belair Rd.

State PA

WARMINSTER

18974

ZIP 19044

Country USA

hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF FOURTH INVENTOR: ☐ A petition has been filed for this unsigned inventor Family Name Given Name SOWDEN (first and middle [if any]) HARRY S. or Surname Inventor's Date Signature State PA **Country USA Citizenship USA** Residence: City GLENSIDE Mailing Address 209 WOODS ROAD **ZIP** 19038 Country USA **GLENSIDE** State PA I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor **Family Name Given Name** or Surname (first and middle [if any]) Inventor's Date Signature Residence: City State Country Citizenship **Mailing Address** ZIP Country State I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF THIRD INVENTOR: **Given Name Family Name** or Surname (first and middle [if any]) Inventor's Date Signature State Country Citizenship Residence: City **Mailing Address** 

State

City

ZIP

Country